

ATTACHMENT A
SAMPLE ALLOCATION AWARD

Date _____

Local Authority Contact Person
Local Authority
Street Address
Suite or Office #
City, State, and Zip

**APPROVAL OF AREA PLAN AND
AWARD OF FUNDING ALLOCATION
FOR STATE FISCAL YEAR _____**

Dear _____:

Pursuant to the terms of Contract # _____ between the Utah Department of Human Services, Division of Substance Abuse and Mental Health (hereinafter referred to as DHS/DSAMH) and *(insert name of Local Authority as it appears on the original contract)* (hereinafter referred to as "Local Authority"), the Local Authority is hereby notified that its Area Plan for the above-identified fiscal year has been approved by DHS/DSAMH. **The Local Authority is further notified of the award of its funding allocation for the stated fiscal year in the amount of \$_____.** This funding allocation is the maximum amount DHS/DSAMH will reimburse the Local Authority for contract services provided during the fiscal year. Any portion of the allocation not expended by the Local Authority as of June 30th, the end of the fiscal year, shall lapse and the Local Authority will have no further claim to the same.

The contract between DHS/DSAMH and the Local Authority also requires the Local Authority to submit monthly billings to DHS/DSAMH for services rendered. The Local Authority shall submit all final billings for services provided during the stated fiscal year no later than July 20th of the following fiscal year. **Payment of billings submitted later than July 20th may be delayed or denied by DHS/DSAMH.**

The funding sources for the funding allocation awarded herein are reflected in Table #1 below.

Table #1

CFDA OR STATE COMPLIANCE #	FEDERAL OR STATE (ORIGINAL) FUNDING SOURCE	AMOUNT
TOTAL		

Table #2 below reflects the distribution of funding sources by service code for the contract services the Local Authority is to provide during the fiscal year.

Table #2

Name of Service Category	Service Code	Distribution of Funding Sources for FY ' __
TOTAL		

The Local Authority shall provide the following “match” during the above-identified fiscal year:

Cash in the amount of \$_____.

In-kind services valued at \$_____.

This Allocation Award may be amended at any time during the stated fiscal year as provided in the underlying contract between the Local Authority and DHS/DSAMH.

If you have any questions about any of the information contained in this Allocation Award, please contact (insert name of Division contact person) at telephone number _____.

Very truly yours,

Randall Bachman, Director
Division of Substance Abuse and Mental Health

cc: Bureau of Contract Management
Richard Barker, State Division of Finance

Revised 3-16-05